



LATITUDE

Telcom Consultants LLC

14 Corporate Woods Blvd., Suite 215
Albany, New York 12211

DOCKET FILE COPY ORIGINAL

Received & Inspected

JUN 30 2014

FCC Mail Room

June 23, 2014

REDACTED - FOR PUBLIC INSPECTION

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, D.C. 20554

**Re: FCC Form 481 – 2014 Carrier Annual Reporting Data Collection
WC Docket No. 10-90; WC Docket No. 11-42
Fishers Island Telephone Corp. (SAC: 150095)**

Dear Secretary Dortch:

On behalf of Fishers Island Telephone Corp., Latitude Telcom Consultants, LLC hereby files a redacted version of the company's FCC Form 481 Carrier Annual Reporting Data Collection, as required by 47 C.F.R. § 54.313 and 54.422 of the Commission's rules (original and one copy).

In addition, the company seeks confidential treatment under the Protective Orders adopted in this proceeding for the 47 C.F.R. § 54.313(f)(2) financial information and 54.313(a)(1) Five-Year Service Quality Improvement Plan information included in its filing.¹ The submitted confidential documents contain sensitive information regarding projected construction activity plans and financial data which, if made publically available, could be used by its competitors or others to the company's disadvantage. One copy of the confidential documents is also enclosed.

The FCC Form 481 has been submitted to USAC via its e-file system and a copy of the submission is also being provided to the state commission. Please contact me at (518) 443-2801, or kevin@latitude-LLC.com, if you have any questions regarding this filing.

Sincerely,

Kevin Schwenzfeier
Latitude Telcom Consultants, LLC

No. of Copies rec'd 0+1
List ABCDE

Cc: Charles Tyler, Telecommunications Access Policy division (two copies, confidential)

¹ WC Docket 10-90 *et al.*, Protective Order, DA 12-1857 (released Nov. 16, 2012) and Third Protective Order, DA 12-1418 (released Aug. 30, 2012).

FCC Form 481 - Carrier Annual Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3045-0048/OMB Control No. 3060-0119

Page 1

<010> Study Area Code	150095	Received & Inspected
<015> Study Area Name	FISHERS ISLAND TEL	
<020> Program Year	2015	JUN 30 2014
<030> Contact Name: Person USAC should contact with questions about this data	Kevin Schwenzfeier	
<035> Contact Telephone Number: Number of the person identified in data line <030>	5184432801 ext.	FCC Mail Room
<039> Contact Email Address: Email of the person identified in data line <030>	kevins@latitude-LLC.com	

ANNUAL REPORTING FOR ALL CARRIERS

		Completed	Required
		Required	Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<420> Mobile	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<450> Mobile	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<510> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 150095ny510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<610> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 150095ny610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 150095ny1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 150095

<015> Study Area Name FISHERS ISLAND TEL

<020> Program Year 2015

<030> Contact Name - Person USAC should contact regarding this data Kevin Schwenzfeier

<035> Contact Telephone Number - Number of person identified in data line <030> 5184432801 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> kevins@latitude-LLC.com

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5

<111> year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

150095ny112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How (USF) was used to improve service quality

<116> How (USF) was used to improve service coverage

<117> How (USF) was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

<010>	Study Area Code	150095
<015>	Study Area Name	FISHERS ISLAND TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kevin Schwenzfeier
<035>	Contact Telephone Number - Number of person identified in data line <030>	5184432801 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kevins@latitude-LLC.com

[illegible]

76-17074-1481

OMB Control No. 3065-0086/OMB Control No. 3060-0819

1991, 2003]

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]

[7-10] Broadband Price Gearing
Data Collection Form

<010>	Study Area Code	150095
<015>	Study Area Name	FISHERS ISLAND TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kevin Schwenzfeier
<035>	Contact Telephone Number - Number of person identified in data line <030>	5184432801 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kevins@latitude-LLC.com

<711>

[illegible]

(800) Operating Companies
Data Collection Form
JAN 1994
GPO Distribution: 2000-0006/OMB Control No. 2060-0019
Page 10 of 11

<010>	Study Area Code	150095
<015>	Study Area Name	FISHERS ISLAND TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kevin Schwenzfeier
<035>	Contact Telephone Number - Number of person identified in data line <030>	5184432801 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kevins@latitude-LLC.com

<810>	Reporting Carrier	Fishers Island Telephone Corp.
<811>	Holding Company	
<812>	Operating Company	

[illegible]

(900) Tribal Lands Reporting

Data Collection Form

FAC Form 88-1

CWA3 Chapter 34 3050 2006/01/01 Control No. 3050-03-9

July 2012

<010> Study Area Code 150095

<015> Study Area Name FISHERS ISLAND TEL

<020> Program Year 2015

<030> Contact Name - Person USAC should contact regarding this data Kevin Schwenzfeier

<035> Contact Telephone Number - Number of person identified in data line <030> 5184432801 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> kevin@latitude-LLC.com

<910> Tribal Land(s) on which ETC Serves

--

<920> Tribal Government Engagement Obligation

--

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.

<922> Feasibility and sustainability planning;

<923> Marketing services in a culturally sensitive manner;

<924> Compliance with Rights of way processes

<925> Compliance with Land Use permitting requirements

<926> Compliance with Facilities Siting rules

<927> Compliance with Environmental Review processes

<928> Compliance with Cultural Preservation review processes

<929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

150095 Data Collected from:	150095 150095 150095
--------------------------------	----------------------------

<010>	Study Area Code	150095
<015>	Study Area Name	FISHERS ISLAND TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kevin Schwenzfeier
<035>	Contact Telephone Number - Number of person identified in data line <030>	5184432801 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kevins@latitude-LLC.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(a) 2010 Terms and Conditions for Lifeline Customers Lifeline Data Collection Point	
---	--

<010>	Study Area Code	150095
<015>	Study Area Name	FISHERS ISLAND TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kevin Schwenzfeier
<035>	Contact Telephone Number - Number of person identified in data line <030>	5184432801 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kevins@latitude-LLC.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☐
- <1222> Details on the number of minutes provided as part of the plan, ☐
- <1223> Additional charges for toll calls, and rates for each such plan. ☐

(2000) Price Cap Carrier with support information	Form 487
Date of Collection: 10/1/15	Form 487, Version 10/1/15, Form 487, Version 10/1/15
Including: Price Cap Carrier with support information	Form 487, Version 10/1/15, Form 487, Version 10/1/15

<010>	Study Area Code	150095
<015>	Study Area Name	FISHERS ISLAND TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kevin Schwenzfeier
<035>	Contact Telephone Number - Number of person identified in data line <030>	5184432801 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kevins@latitude-LLC.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	

Name of Attached Document Listing Required Information

<010> Study Area Code 150095
 <015> Study Area Name FISHERS ISLAND TEL
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Kevin Schwenzfeier
 <035> Contact Telephone Number - Number of person identified in data line <030> 5184432801 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> kevin@latitude-llc.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
 (3014) If yes, does your company file the RUS annual report

(Yes/No)

(Yes/No)

☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited?

(Yes/No)

☒ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☒

(3023) Underlying information subjected to a review by an independent certified public accountant

☒

(3024) Underlying information subjected to an officer certification.

☒

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

150095ny3026.pdf

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Latitude-1101 - Reporting Carrier	
Data Collection Form	

<010>	Study Area Code	150095
<015>	Study Area Name	FISHERS ISLAND TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kevin Schwenzfeier
<035>	Contact Telephone Number - Number of person identified in data line <030>	5184432801 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kevin@latitude-LLC.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification of Agent / Carrier Data Collection Form	ICG Form 987 Date: 06/20/2014 Page 13
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<010> Study Area Code	150095
<015> Study Area Name	FISHERS ISLAND TEL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Kevin Schwenzfeier
<035> Contact Telephone Number - Number of person identified in data line <030>	5184432801 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	kevin@latitude-LLC.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Kevin Schwenzfeier</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Kevin Schwenzfeier
Name of Reporting Carrier:	FISHERS ISLAND TEL
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/20/2014
Printed name of Authorized Officer:	John Finan
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	6317887251 ext.
Study Area Code of Reporting Carrier:	150095 Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	FISHERS ISLAND TEL
Name of Authorized Agent or Employee of Agent:	Kevin Schwenzfeier
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/20/2014
Printed name of Authorized Agent or Employee of Agent:	Kevin Schwenzfeier
Title or position of Authorized Agent or Employee of Agent:	Consultant
Telephone number of Authorized Agent or Employee of Agent:	5184432801 ext.
Study Area Code of Reporting Carrier:	150095 Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	150095
<015>	Study Area Name	FISHERS ISLAND TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Kevin Schwenzfeier
<035>	Contact Telephone Number - Number of person identified in data line <030>	5184432801 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	kevins@latitude-LLC.com

<220>

<a> <b2> <b3> <b4> <c1> <c2> <d> <e> <f> <g> <h>

[illegible]

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

[illegible]

[illegible]

Fishers Island Telephone Corp.

Service Quality Standards & Consumer Protection Rules Compliance

FCC Form 481, Line 510

The company complies with applicable service quality standards and consumer protections by (1) maintaining and submitting monthly trouble report data to the New York State Public Service Commission ("NYPSC"); (2) reporting major service interruptions to the NYPSC in a manner consistent with its guidelines; (3) filing local service tariffs with the NYPSC and making rate and service information available to the public upon request; (4) clearly listing all charges and credits on customers' bills; (5) providing full and prompt investigation of, and response to, customer complaints; (6) providing access to enhanced 911 emergency report centers; (7) complying with federal CPNI rules and other applicable consumer privacy protection requirements, including training of employees that have access to CPNI on the rules and procedures for protecting account information and authenticating callers; and (8) implementing procedures that are consistent with the FTC's guidance on measures to detect/prevent identity theft (Red Flag).

In addition, the company complies with applicable consumer protections identified in 47 C.F.R. Part 8 for its broadband internet services including, but not limited to, §8.3, §8.5 and §8.7 addressing transparency, blocking and discrimination protections, respectively.

Fishers Island Telephone Corp.

**Functionality in Emergency Situations
FCC Form 481, Line 610**

The company's central office has a fixed battery and generator back-up with fuel for extended power outages.

The company has one toll route out of our local exchange.

In addition to supporting its voice network, the company's emergency generators and/or batteries would also be used to support its broadband network in the event of an extended power outage.

Fishers Island Telephone Company**Description of Voice Services Rate Comparability****FCC Form 481, Line 1010**

Exchange	Residential Local Service Flat Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory EAS Charge	Federal SLC	Total Rate and Fees
788	\$21.00	\$0.00	\$0.00	\$0.00	\$6.50	\$27.50
						\$0.00
						\$0.00
						\$0.00
						\$0.00

As demonstrated in the above table, the company's pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate for voice services (Reasonable Comparability Benchmark), as published annually by the Wireline Competition Bureau.

Reasonable Comparability Benchmark for Voice Service:**\$46.96**

REDACTED – FOR PUBLIC INSPECTION

FISHERS ISLAND TELEPHONE CORP.

LINE 112 ATTACHMENT

ATTACHMENT REDACTED IN ITS ENTIRETY

REDACTED – FOR PUBLIC INSPECTION

FISHERS ISLAND TELEPHONE CORP.

LINE 3026 ATTACHMENT

ATTACHMENT REDACTED IN ITS ENTIRETY